

ARPE INSTRUCTIONS

A. CONTACT INFORMATION

1. **Number of contacts.** All of the following criteria must be met to count a person who has been exposed to TB as a contact for this report.

- a. The health department believes that the person was exposed.
- b. Enough identifying and locating information is available for a reasonable opportunity to contact the person.

Note: Sometimes the health department is forced to evaluate “contacts” who were in all likelihood NOT exposed to the index case of TB that is under investigation. The results of this excess testing do not need to be reported.

2. **Evaluated.** This is the count of contacts who have been tested and examined, as part of a contact investigation, to the point where a final determination can be made about two of the potential diagnostic outcomes: latent TB infection or active TB disease. Most contacts will receive a tuberculin skin test (TST) unless their medical history indicates otherwise.

- a. Contacts who receive a TST should not be counted under **Evaluated** until the skin test has been read.
- b. Contacts who need a second TST because of recently-ended exposure should not be counted under **Evaluated** until the second skin test has been read.
- c. Contacts who have a positive TST should not be counted under **Evaluated** until active TB disease has been excluded by further testing.

Note: If a patient has a prior latent infection (positive TST) or previous active TB disease already diagnosed before they are investigated, they can be counted under **Number of Contacts**, but their diagnostic outcomes are NOT counted in this report. These persons CAN be counted under **Evaluated** even if further tests and examinations are not done, because enough history is already available to determine their TB status and therefore they have been evaluated in the context of the contact investigation. If such contacts are treated, do NOT count this on this report.

3. **TB Disease.** Contacts should be counted under this outcome if they have TB disease (i.e., active TB) initially discovered as part of the contact investigation. Cases should fit the usual case definition for tuberculosis, and they should also be separately reported as such.

- a. Active TB that develops AFTER latent infection was diagnosed during the contact investigation should not be counted here.
- b. Old TB cases that have been treated already or that have spontaneously healed, and were discovered only coincidentally during the investigation, should not be counted in this category.

4. **Latent TB Infection.** This is the count of contacts who have latent TB infection (NOT active TB disease) diagnosed during the current contact investigation. The following criteria are required to meet this category:

- a. A positive TST (interpreted according to normal diagnostic guidelines) AND
 - b. The exclusion of active TB disease through further tests or examination.
- OR
- c. If a contact with a negative TST is considered ‘anergic’ and IS being treated with a full-course regimen for suspected latent TB infection, then that contact should be counted under **Latent TB Infection**.

Note: Latent TB infections that have been diagnosed coincidentally or prior to the contact investigation should not be included in this count.

5. **Started Treatment.** A contact who has latent TB infection is counted in this category after the first dose of a planned full treatment course for latent TB infection. The determination of whether the first dose has been taken is based on the best available information, which may be the contact’s statement. If a contact is lost to follow-up after treatment was prescribed, treatment can also be considered started if the contact picked up the medicine from a clinic or pharmacy.

A note about ‘window-period treatment’: Contacts who are receiving treatment pending a second TST should not be counted under **Started Treatment** unless latent TB infection is diagnosed and counted for the report.

6. **Completed Treatment.** The following criteria are required for counting under this category:

- a. The prescribing provider, believing that an adequate regimen has been received, discontinues treatment.
- b. The contact has taken at least 80% of the prescribed doses in the selected drug regimen.

Note: A provider’s decision that treatment is sufficient may not agree with typically prescribed drug regimens, but these should still be counted under **Completed Treatment**.

B. REASONS TREATMENT NOT COMPLETED - This section provides reasons why treatment for latent TB infection is not being completed. Do not count cases of active TB disease here.

1. **Death.** Contacts who were receiving treatment on schedule but died before completing are counted in this category.

2. **Contact Moved (follow-up unknown).** Contacts who do not complete treatment because they have moved or migrated from the jurisdiction of the health department should be counted in this category if follow-up information is unavailable. However, if the health department receives specific follow-up information from another jurisdiction, the contact’s outcome should be reclassified accordingly.

3. **Active TB Developed.** If a contact who is still receiving treatment for latent TB infection

develops active TB disease (that qualifies as a case using the standard case definition), then the outcome is counted in this category. However, if the treatment regimen has been stopped BEFORE active TB develops, for any other reason, then the outcome should not be changed to **Active TB Developed**.

4. **Adverse Effect of Medicine.** If contacts do not complete treatment because of an adverse effect (including drug or drug-food interactions) of the anti-TB medication, they should be counted in this group if a health care provider documents the problem and determines that the medicine should be discontinued.

Note: If a contact stops taking the medicine because of an adverse effect but a health care provider has not recommended the discontinuation, then the reason for stopping treatment should be counted as **Contact Chose to Stop** (See below).

5. **Contact Chose to Stop.** Contacts should be counted in this category if they decide to stop taking their medicine before they have finished their regimen, **and** a health care provider has not determined that the medicine should be discontinued for a medical reason.

6. **Contact is Lost to Follow-up.** Contacts whose treatment status at the anticipated end of the treatment regimen is uncertain, because the health department cannot locate them to determine a more specific outcome, should be counted in this category. (This is a classification of last resort.)

7. **Provider Decision.** If a health care provider determines that the treatment for latent TB infection should be stopped because of concerns about the benefits, the safety or the practicality of treatment (e.g., the contact has such poor attendance at the clinic that the adequacy and safety of the treatment cannot be monitored), then this is the reported reason.